



United States Department of the Interior
NATIONAL PARK SERVICE
Grand Teton National Park
Business Resources Branch
P.O. Drawer 170
Moose, WY 83012



COMMERCIAL USE AUTHORIZATION
ANNUAL FINANCIAL REPORT (AFR)
For the period 01/01/2015 to 12/31/2015

Authorization Holder Name:

Authorized Business Name:

Activity:

Address:

City, State, Zip

Phone Number

Email Address

Number of trips in Grand Teton National Park per month:

These figures must match the sums previously reported on your monthly Visitor Use Statistics (VUS) reports.

Jan.		Feb.		Mar.		Apr.		May		Jun.	
Jul.		Aug.		Sept.		Oct.		Nov.		Dec.	
Total											

Number of guests on trips in park per month:

These figures must match the sums previously reported on your monthly Visitor Use Statistics (VUS) reports.

Jan.		Feb.		Mar.		Apr.		May		Jun.	
Jul.		Aug.		Sept.		Oct.		Nov.		Dec.	
Total											

STATEMENT OF INCOME

TOTAL gross receipts as a result of this authorization and activities conducted in Grand Teton National Park:

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CUA HOLDER CERTIFICATION

I certify that this report has been examined by me and to the best of my knowledge is a true, correct, and complete report.

SIGNATURE: _____ DATE: _____